

# Virginia Department of Medical Assistance Services

## Durable Medical Equipment and Supplies (DME)

### Fact Sheet 2014

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**Overview** Provision of devices or products to diagnose or treat illness or injury or improve the function of a malformed body part, as ordered by a physician treating the individual, and as a component of a plan of treatment. All services under this program shall be primarily for use in the individual's home.

The 2010 Appropriations Act Item 297.VVV, provided the Department of Medical Assistance Services (DMAS) the authority to modify reimbursement for Durable Medical Equipment for incontinence supplies and to enter into a single state-wide vendor contract, effective January 1, 2014. DMAS awarded the contract to Home Care Delivered (HCD) based on the Request for Proposal (RFP) process. Use of a single statewide vendor allows:

Contract Benefits:

- Unique ability to clearly define performance standards and required recipient services
- Fixed rates for contract duration eases burden of periodic rate change procedures
- Ease of contracting and auditing fixed price contracts with limited vendor set
- Less incentive for providers to engage in inappropriate billing practices

Program Enhancements:

- Performing assessments to verify that individuals receive appropriate supplies;
- Operating a toll-free telephone number and TTY for individuals and prescribing practitioners;
- Reporting detailed purchasing activity and all individual inquiries and complaints to the Department;
- Supplying a minimum of three different products for each HCPCS code to provide individuals' freedom of choice;
- Ensuring products are of a high enough quality to meet the individual's needs;
- Providing a system for emergency deliveries

**Targeted Population** All Virginia Medicaid eligible individuals residing in the home.

**Eligibility Rules** The individual must be eligible for Medicaid and services must be primarily for use in the home. DME services for individuals under age 21 and items or supplies could be covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

**Eligibility Disregards** Hospital patients, and individuals residing in a nursing facility with the exception of volume ventilators and associated supplies or specialty beds for the treatment of wounds in the nursing facility, or Intermediate Care Facilities for Individuals with Intellectual Disability or Related Conditions (ICF/IID).

**Services Available** Durable Medical Equipment and Supplies

**Service Authorization** Items are provided at levels set in the *Medicaid Durable Medical and Equipment and Supplies Manual*, Appendix B. Providers may supply equipment and supplies up to certain levels provided that criterion are met. Equipment and supplies may require prior authorization through a DMAS contractor because of unusual amounts or significant expense, via preauthorization contract. The items must be medically necessary and meet either InterQual Durable Medical Equipment Criteria or Department of Medical Assistance criteria as described in the *Medicaid Durable Medical and Equipment and Supplies Provider Manual*.

Criteria:

1. The individual must be eligible for Medicaid and services must be primarily for use in the home;
2. The individual must have documented medical necessity for the service provided by the ordering physician on a Certificate of Medical Necessity (CMN) (DMAS-352); and
3. The individual or their caregiver must be able and willing to use the service provided.

- Excluded Services**
- Space conditioning equipment such as room humidifiers, air conditioners, and air cleaners.
  - DME and Supplies for any hospital or nursing facility resident, except ventilators and associated supplies or specialty beds for the treatment of wounds consistent with DME criteria for nursing facility residents that have been approved by DMAS.
  - Furniture or appliances not defined as medical equipment (such as blenders, bedside tables, mattresses other than for hospital beds, pillows, blankets or other bedding, special reading lamps, chairs with special lift seats, hand-held shower devices, exercise bicycles, and bathroom scales).
  - Items that are only for the individual's comfort and convenience or for the convenience of those caring for the individual.
  - Prosthesis, except for artificial arms, legs and their supportive devices which must be approved by the DMAS.
  - Items and services that are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.
  - Orthotics, including braces, splints and supports. However, orthotics may be provided in certain cases under Rehabilitative Services and EPSDT.
  - Home or vehicle modifications.
  - Items not suitable for or not used primarily in the home setting. Equipment for which the primary function is vocationally or educationally related.

**Effective Date** Effective 1969; revised 1974, 1991, 1993, and 1996.

**Program Administration** Program is administered by DMAS.

**Expenditures** FY 14 expenditures were approximately \$55 million

**Service Provision** DMAS-enrolled DME and supplies providers. DMAS enrolled prosthetic providers.

**Quality Management Review** DMAS or the DMAS contractor performs post audit reviews of the services provided and interviews individuals of providers delivering the services to ensure health and safety. Reviews are performed at least annually.

**Program  
Contacts**

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